

CAMPAIGN FINANCE REPORT

PAGE 1 OF 12

(COVER PAGE)

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identification Number:		Report Filed By:		CANDIDATE 1.		COMMITTEE 2. <input checked="" type="checkbox"/>		LOBBYIST 3.	
Name of Filing Committee, Candidate or Lobbyist: FRIENDS OF TOM DIETRICH									
Street Address: 610 Northampton Street									
City: Hellertown				State: Pa		Zip Code: 18055 - 1840			
TYPE OF REPORT (place X to the right of report type)	1ST TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2. <input checked="" type="checkbox"/>	30 DAY POST-PRIMARY	3.	AMENDMENT REPORT?	YES	NO
	1ST TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6.	TERMINATION REPORT?	YES	NO
	ANNUAL REPORT	7.	YEAR		FILING METHOD		PAPER <input type="checkbox"/> DISKETTE <input type="checkbox"/>		
Name of Office Sought by Candidate: COUNTY COUNCIL, DISTRICT #1					DATE OF ELECTION		District Number		
					MO: DAY: YEAR: 11 06 2007		Office Code: Party Code: County Code:		
							1 0TH REP 48		
							(SEE INSTRUCTIONS FOR CODES)		
Summary of Receipts and Expenditures from:									
MO: DAY: YEAR: 06 05 2007 To MO: DAY: YEAR: 10 22 2007									
FOR OFFICE USE ONLY									
A. Amount Brought Forward From Last Report					\$ 149.08				
B. Total Monetary Contributions and Receipts (From Schedule I)					\$ 350.00				
C. Total Funds Available (Sum of Lines A and B)					\$ 499.08				
D. Total Expenditures (From Schedule III)					\$ 172.31				
E. Ending Cash Balance (Subtract Line D from Line C)					\$ 326.77				
F. Value of In-Kind Contributions Received (From Schedule II)					\$ 0				
G. Unpaid Debts and Obligations (From Schedule IV)					\$ 0				

AFFIDAVIT SECTION

PART I - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules, on paper or computer diskette, are to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this

25th day of **October** 20**07**

Mary E. Barker COMMONWEALTH OF PENNSYLVANIA
Signature Notarial Seal
Mary E. Barker, Notary Public
Lower Nazareth Twp., Northampton County
MO: My Commission Expires Sept. 29, 2011

Cherie D. Dietrich
Signature of Person Submitting Report
Cherie D. DIETRICH
Printed Name
484 **851-3016**
Area Code Daytime Telephone Number

PART II - If this is a report of a Candidate's Authorized Committee, candidate shall sign here.

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, No. 320) as amended.

Sworn to and subscribed before me this

25th day of **October** 20**07**

Mary E. Barker COMMONWEALTH OF PENNSYLVANIA
Signature Notarial Seal
Mary E. Barker, Notary Public
Lower Nazareth Twp., Northampton County
MO: My Commission Expires Sept. 29, 2011

Thomas Dietrich
Signature of Candidate
THOMAS DIETRICH
Printed Name
484 **554-3237**
Area Code Daytime Telephone Number

Department of State • Bureau of Commissions, Elections and Legislation
210 North Office Building • Harrisburg, PA 17120-0029 • (717) 787-5280

SCHEDULE I
CONTRIBUTIONS AND RECEIPTS

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[Handwritten signature]

Detailed Summary Page

Name of Filing Committee or Candidate FRIENDS OF TOM DIETRICH	Reporting Period From 6/5/07 To 10/22/07
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1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period	(1) \$ 95.00

2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)	
Contributions Received from Political Committees (Part A)	\$ 75.00
All Other Contributions (Part B)	\$ 180.00
TOTAL for the Reporting Period	(2) \$ 255.00

3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)	
Contributions Received from Political Committees (Part C)	\$ 0
All Other Contributions (Part D)	\$ 0
TOTAL for the Reporting Period	(3) \$ 0

4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E)	
TOTAL for the Reporting Period	(4) \$ 0

TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B.)	\$ 350.00
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\$50.01 TO \$250.00

Name of Filing Committee or Candidate	Reporting Period
FRIENDS OF TOM DIETRICH	From 6/5/07 To 10/22/07

Full Name of Contributing Committee				DATE			AMOUNT
Charles Dent FOR CONGRESS				MO.	DAY	YEAR	\$ 75.00
Mailing Address				MO.	DAY	YEAR	\$
PO Box 442							\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Allentown	Pa	18105-0042					\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
							\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
		-					\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
							\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
		-					\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
							\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
		-					\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
							\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
		-					\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
							\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
		-					\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
							\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
		-					\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
							\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
		-					\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
							\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
		-					\$

PAGE TOTAL
\$ 75⁰⁰

PART B
ALL OTHER CONTRIBUTIONS

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\$50.01 TO \$250.00

Use this Part to itemize all other contributions with an aggregate value from
\$50.01 to \$250.00 in the reporting period.
(Exclude contributions from political committees reported in Part A.)

Name of Filing Committee or Candidate FRIENDS OF TOM DIETRICH	Reporting Period From 6/5/07 To 10/22/07
---	---

			DATE			AMOUNT
Full Name of Contributor	MO.	DAY	YEAR			
Roder MARBUS	06	25	07	\$		180.00
Mailing Address 2228 West Walnut Street	MO.	DAY	YEAR	\$		
City Allentown	MO.	DAY	YEAR	\$		
State Pa				\$		
Zip Code (Plus 4) 18104 - 6342				\$		
Full Name of Contributor	MO.	DAY	YEAR	\$		
Mailing Address	MO.	DAY	YEAR	\$		
City	MO.	DAY	YEAR	\$		
State				\$		
Zip Code (Plus 4)				\$		
Full Name of Contributor	MO.	DAY	YEAR	\$		
Mailing Address	MO.	DAY	YEAR	\$		
City	MO.	DAY	YEAR	\$		
State				\$		
Zip Code (Plus 4)				\$		
Full Name of Contributor	MO.	DAY	YEAR	\$		
Mailing Address	MO.	DAY	YEAR	\$		
City	MO.	DAY	YEAR	\$		
State				\$		
Zip Code (Plus 4)				\$		
Full Name of Contributor	MO.	DAY	YEAR	\$		
Mailing Address	MO.	DAY	YEAR	\$		
City	MO.	DAY	YEAR	\$		
State				\$		
Zip Code (Plus 4)				\$		
Full Name of Contributor	MO.	DAY	YEAR	\$		
Mailing Address	MO.	DAY	YEAR	\$		
City	MO.	DAY	YEAR	\$		
State				\$		
Zip Code (Plus 4)				\$		
Full Name of Contributor	MO.	DAY	YEAR	\$		
Mailing Address	MO.	DAY	YEAR	\$		
City	MO.	DAY	YEAR	\$		
State				\$		
Zip Code (Plus 4)				\$		
Full Name of Contributor	MO.	DAY	YEAR	\$		
Mailing Address	MO.	DAY	YEAR	\$		
City	MO.	DAY	YEAR	\$		
State				\$		
Zip Code (Plus 4)				\$		

Enter Grand Total of Part B on Schedule I, Detailed Summary Page, Section 2.

PAGE TOTAL
\$ **180.00**

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

OVER \$250.00

Use this Part to itemize only contributions received from political committees with an aggregate value over \$250.00 in the reporting period.

Name of Filing Committee or Candidate FRIENDS OF TOM DIETRICH	Reporting Period From 06/05/07 To 10/22/07
---	---

				DATE			AMOUNT
				MO.	DAY	YEAR	\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
		-					
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
		-					
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
		-					
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
		-					
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
		-					
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
		-					
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
		-					
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
		-					

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL

\$

PART D
ALL OTHER CONTRIBUTIONS

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WFO

OVER \$250.00

Use this Part to itemize all other contributions with an aggregate value of
over \$250.00 in the reporting period.
(Exclude contributions from political committees reported in Part C.)

Name of Filing Committee or Candidate FRIENDS OF TOM DIETRICH	Reporting Period From 06/05/07 To 10/22/07
---	---

				DATE			AMOUNT
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							

Enter Grand Total of Part D on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL

\$

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PART E
OTHER RECEIPTS

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REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.



Name of Filing Committee or Candidate FRIENDS OF TOM DIETRICH	Reporting Period From 6/5/07 To 10/22/07
---	---

Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO	DAY	YEAR	Amount
		-				\$
Receipt Description						
Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO	DAY	YEAR	Amount
		-				\$
Receipt Description						
Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO	DAY	YEAR	Amount
		-				\$
Receipt Description						
Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO	DAY	YEAR	Amount
		-				\$
Receipt Description						
Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO	DAY	YEAR	Amount
		-				\$
Receipt Description						
Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO	DAY	YEAR	Amount
		-				\$
Receipt Description						

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

PAGE TOTAL

\$

0

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD.

Detailed Summary Page

Name of Filing Committee or Candidate FRIENDS OF TOM DIETRICH	Reporting Period From 06/05/07 To 10/24/07
---	---

1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period	(1) \$ 0

2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)	
TOTAL for the Reporting Period	(2) \$ 0

3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)	
TOTAL for the Reporting Period	(3) \$ 0

TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F.)	\$ 0
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**SCHEDULE II
PART F**

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IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate

FRIENDS AFTON DIETRICH

Reporting Period

From 6/5/07 To 10/22/07

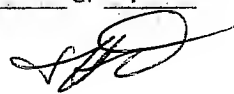
			DATE			AMOUNT
Full Name of Contributor	MO.	DAY	YEAR			\$
Mailing Address	MO.	DAY	YEAR			\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Description of Contribution:						
Full Name of Contributor	MO.	DAY	YEAR			\$
Mailing Address	MO.	DAY	YEAR			\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Description of Contribution:						
Full Name of Contributor	MO.	DAY	YEAR			\$
Mailing Address	MO.	DAY	YEAR			\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Description of Contribution:						
Full Name of Contributor	MO.	DAY	YEAR			\$
Mailing Address	MO.	DAY	YEAR			\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Description of Contribution:						
Full Name of Contributor	MO.	DAY	YEAR			\$
Mailing Address	MO.	DAY	YEAR			\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Description of Contribution:						
Full Name of Contributor	MO.	DAY	YEAR			\$
Mailing Address	MO.	DAY	YEAR			\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Description of Contribution:						

Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.

PAGE TOTAL

\$

SCHEDULE II
PART G
IN-KIND CONTRIBUTIONS RECEIVED
VALUE OVER \$250.00

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Name of Filing Committee or Candidate <u>FRIENDS OF TOM DIETRICH</u>	Reporting Period From <u>6/5/07</u> To <u>10/22/07</u>
---	---

				DATE			AMOUNT
				MO.	DAY	YEAR	\$
Full Name of Contributor							
Mailing Address							
City	State	Zip Code (Plus 4)					
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			
Full Name of Contributor							
Mailing Address							
City	State	Zip Code (Plus 4)					
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			
Full Name of Contributor							
Mailing Address							
City	State	Zip Code (Plus 4)					
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			
Full Name of Contributor							
Mailing Address							
City	State	Zip Code (Plus 4)					
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			

Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.

PAGE TOTAL

\$

0

SCHEDULE III
STATEMENT OF EXPENDITURES

PAGE 11 OF 12
ADD

Name of Filing Committee or Candidate FRIENDS OF TOM DIETRICH	Reporting Period From 6/3/07 To 10/22/07
---	---

To Whom Paid US Post Office			MO 09	DAY 04	YEAR 07	Amount \$ 8.20
Mailing Address			Description of Expenditure 40 FIRST class STAMPS			
City Hellertown	State Pa	Zip Code (Plus 4) 18055 -				
To Whom Paid Thomas Dietrich			MO 10	DAY 17	YEAR 07	Amount \$ 104.11
Mailing Address 610 Hellertown Pa			Description of Expenditure Reimbursement for Printing			
City Hellertown	State Pa	Zip Code (Plus 4) 18055-1840	Supplies (CARDS, INKS, ETC.)			
To Whom Paid Valley Voice Publishing Co			MO 10	DAY 17	YEAR 07	Amount \$ 60.00
Mailing Address PO Box 147			Description of Expenditure 3 ADS in NEWSPAPER			
City Hellertown	State Pa	Zip Code (Plus 4) 18055 - 0147				
To Whom Paid			MO	DAY	YEAR	Amount \$
Mailing Address			Description of Expenditure			
City	State	Zip Code (Plus 4)				
To Whom Paid			MO	DAY	YEAR	Amount \$
Mailing Address			Description of Expenditure			
City	State	Zip Code (Plus 4)				
To Whom Paid			MO	DAY	YEAR	Amount \$
Mailing Address			Description of Expenditure			
City	State	Zip Code (Plus 4)				
To Whom Paid			MO	DAY	YEAR	Amount \$
Mailing Address			Description of Expenditure			
City	State	Zip Code (Plus 4)				
To Whom Paid			MO	DAY	YEAR	Amount \$
Mailing Address			Description of Expenditure			
City	State	Zip Code (Plus 4)				

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

PAGE TOTAL
\$ 172.31

SCHEDULE IV STATEMENT OF UNPAID DEBTS

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Name of Filing Committee or Candidate FRIENDS OF TOM DISTRICT	Reporting Period From 6/5/07 To 10/22/07
---	---

Name of Creditor					Outstanding Balance of Debt \$	
Mailing Address		DATE DEBT INCURRED	MO.	DAY	YEAR	
City		State	Zip Code (Plus 4)			
Description of Debt						
Name of Creditor					Outstanding Balance of Debt \$	
Mailing Address		DATE DEBT INCURRED	MO.	DAY	YEAR	
City		State	Zip Code (Plus 4)			
Description of Debt						
Name of Creditor					Outstanding Balance of Debt \$	
Mailing Address		DATE DEBT INCURRED	MO.	DAY	YEAR	
City		State	Zip Code (Plus 4)			
Description of Debt						
Name of Creditor					Outstanding Balance of Debt \$	
Mailing Address		DATE DEBT INCURRED	MO.	DAY	YEAR	
City		State	Zip Code (Plus 4)			
Description of Debt						
Name of Creditor					Outstanding Balance of Debt \$	
Mailing Address		DATE DEBT INCURRED	MO.	DAY	YEAR	
City		State	Zip Code (Plus 4)			
Description of Debt						
Name of Creditor					Outstanding Balance of Debt \$	
Mailing Address		DATE DEBT INCURRED	MO.	DAY	YEAR	
City		State	Zip Code (Plus 4)			
Description of Debt						

Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.

PAGE TOTAL

\$

0